Experiences in Health Equity from the National Public Health Institute in Mexico (INSP)

Dr. Juan Rivera Dommarco
Director General
INSP Institutional Program on Health Equity
with a focus on Indigenous population
An Institutional Program on health equity focusing on Indigenous population

- INSP’s mission: "To contribute to social equity and the full realization of the right to health protection... through research, postgraduate training in public health and advice to Government
- Equity in health refers to the creation of equal opportunities to achieve a healthy life
- Individuals and social groups are not placed on an equal footing to exercise their rights in the same way
- It is necessary to identify these inequalities, which are structural and determined by mechanisms that cause them to be systematically reproduced
- INSP developed an Institutional Program on Equity
- Contribute to equity in health through research, training and service

Population 0-17 years in extreme poverty by ethnic group (2016)

- Indigenous households: 31.1%
- Non-Indigenous households: 6.4%
• Recognize the structural determination of inequalities and their unjust nature, historically sustained in forms of discrimination and violence towards different sectors of the population, such as women, indigenous people, foreigners, the poor, etc.

• Recognize that social inequalities are not immutable, but that it is possible to transform and prevent them through collective action and public policies.

• Adopt a human rights and social justice perspective as a frame of reference to guide research, action and decision making.

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**Prevalence of stunting in children less than 5 years of age in Mexico by subpopulations (ENSANUT 2012)**

- **Urban:** 11.1%
- **Rural:** 20.9%
- **Non-Indigenous:** 11.6%
- **Indigenous:** 31.1%
- **National:** 13.6%

< -2Z height for age z score (WHO 2006)
Interaction of region and ethnicity in the prevalence of stunting in children < 5 years in Mexico (ENSANUT 2018)

<table>
<thead>
<tr>
<th>Region</th>
<th>Non Indigenous</th>
<th>Indigenous</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>North</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non Indigenous</td>
<td>9.4</td>
<td>19.7</td>
<td>26.5</td>
</tr>
<tr>
<td>Indigenous</td>
<td>9.7</td>
<td>21.6</td>
<td>31.3</td>
</tr>
<tr>
<td>Total</td>
<td>13</td>
<td>31.6</td>
<td>44.6</td>
</tr>
<tr>
<td></td>
<td>Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non Indigenous</td>
<td>13.3</td>
<td>16.1</td>
<td>29.4</td>
</tr>
<tr>
<td>Indigenous</td>
<td>11.4</td>
<td>11.4</td>
<td>22.8</td>
</tr>
<tr>
<td>Total</td>
<td>13.3</td>
<td>27.5</td>
<td>40.8</td>
</tr>
<tr>
<td></td>
<td>Mexico City</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non Indigenous</td>
<td>11.4</td>
<td>16.1</td>
<td>27.5</td>
</tr>
<tr>
<td>Indigenous</td>
<td>11.4</td>
<td>11.4</td>
<td>22.8</td>
</tr>
<tr>
<td>Total</td>
<td>11.4</td>
<td>27.5</td>
<td>38.9</td>
</tr>
<tr>
<td></td>
<td>South</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non Indigenous</td>
<td>18.7</td>
<td>21.6</td>
<td>40.3</td>
</tr>
<tr>
<td>Indigenous</td>
<td>13.3</td>
<td>16.1</td>
<td>29.4</td>
</tr>
<tr>
<td>Total</td>
<td>18.7</td>
<td>37.6</td>
<td>56.3</td>
</tr>
</tbody>
</table>
Factors associated with having antibodies to SARS-CoV-2 in Mexico (Serum samples from ENSANUT-2020 during the Pandemic)

Relative to those who live in Rural Areas:
• 34% higher in urban
• 46% higher in Metropolitan Areas

Relative to those who have a university degree:
• 30% higher in primary school
• 32% higher in secondary school
• 23% higher in high school

Relative to those in the highest income tertile:
• 20% greater in the lower income tertile

• Recognize the **structural determination** of inequalities and their unjust nature, historically sustained in forms of discrimination and violence towards different sectors of the population, such as women, indigenous people, foreigners, the poor, etc.

• Recognize that social inequalities are **not immutable**, but that it is **possible to transform and prevent them** through collective action and public policies.

• Adopt a **human rights and social justice perspective** as a frame of reference to guide research, action and decision making.

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**Mortality rate per 1000 births in children less than 1 year (2016)**

- Indigenous Municipalities: 14.4
- Non-Indigenous Municipalities: 10.2

<table>
<thead>
<tr>
<th>RESEARCH</th>
<th>TRAINING</th>
<th>ADVICE TO GOVERNMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document and monitor, through quantitative and qualitative indicators, inequalities that are unnecessary, avoidable, undesirable and unfair in several areas (health outcomes, access to services, quality of care, social and economic determinants of health and general living conditions)</td>
<td>Develop population-based training programs on health equity, with emphasis on Indigenous Health</td>
<td>Inform about health inequities Promote intersectoral work to reduce health inequities The perspective of equity in health and social justice must be present in all health related policies A useful question for policy guidance: how does this policy contribute to improving health equity, well-being and social justice in general? Program evaluation with equity lens</td>
</tr>
<tr>
<td></td>
<td>Train postgraduate students (MPH, DrPH, MSc, PhD) as agents of change</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Affirmative Action aimed at training students from Indigenous populations in Public Health</td>
<td></td>
</tr>
</tbody>
</table>

**Porcent of women who received prenatal care during the first trimester of pregnancy in 2012 and 2018**

- **2012**
  - Indigenous Women: 81%
  - Non-Indigenous Women: 87%

- **2018**
  - Indigenous Women: 84%
  - Non-Indigenous Women: 89%

### RESEARCH
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### TRAINING
Develop population-based training programs on health equity, with emphasis on Indigenous Health. Train postgraduate students (MPH, DrPH, MSc, PhD) as agents of change. Affirmative Action aimed at training students form Indigenous populations in Public Health.

### ADVICE TO GOVERNMENT
- Inform about health inequities
- Promote intersectoral work to reduce health inequities
- The perspective of equity in health and social justice must be present in all health related policies
- A useful question for policy guidance: how does this policy contribute to improving health equity, well-being and social justice in general?
- Program evaluation with equity lens

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**Percent of women who use modern contraceptive methods**

<table>
<thead>
<tr>
<th>Year</th>
<th>Indigenous Women</th>
<th>Non-Indigenous Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>20</td>
<td>25</td>
</tr>
<tr>
<td>2018</td>
<td>45</td>
<td>40</td>
</tr>
</tbody>
</table>

Thank you

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